

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/521876
FILING DATE
APPLICANT(S)

CLAIMS

	CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/					
2	/	5	/	1				
3	2		/					
4	10		1					
5	10		1					
6	10		1					
7	10		1					
8	1		1					
9	1		1					
10	1		1					
11	1		1					
12	1		1					
13	1		1					
14	1		1					
15	1		1					
16	1		1					
17	1		1					
18	1		1					
19	1		1					
20	2		1					
21	10		1					
22	1		1					
23			1					
24			1					
25			1					
26			1					
27			1					
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43			1					
44			1					
45			1					
46			1					
47			1					
48			1					
49			1					
50			1					
TOTAL IND.			2					
TOTAL DEP.			22					
TOTAL CLAIMS			24					